

Dear Colleague:

In September, thirty representatives of organizations at the community and state levels, including providers, administrators, policy-makers, advocates, persons with lived opioid treatment experience, and experts in funding and program implementation in the areas of treatment and recovery were convened by Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment (SAMHSA/CSAT) for the purpose of exploring the opportunities and challenges that peer recovery peer services provide to Opioid Treatment Programs (OTPs). The meeting agenda was designed to gather stakeholder perspectives about facilitators and barriers to expanding peer recovery peer services, to share information about peer recovery peer services models, and to generate ideas for incorporating peer recovery peer services into OTP settings. The complete report of the meeting is attached as an addendum, but this letter highlights some of the important benefits and information that may be helpful in efforts to incorporate peer recovery services into OTP setting.

The challenges presented by incorporating peer recovery peer services into OTP settings are well known to the field. Most often cited lack knowledge of or awareness about peer recovery peer services, conflicting definitions of recovery and abstinence, staffing, supervision, certification issues, and reimbursement variability by state. One of the participants expressed the challenges faced by his organization as difficulty in setting standards due to lack of formal training for peer support specialists, struggle to distinguish between peer support and advocacy, and lack of existing programs such as Medication Assisted Recovery Services (MARS) to turn to for guidance.

The **benefits** of peer recovery peer services to individuals are many and are detailed in the complete report. Listed below are some of the major advantages, for the individual and for the organization of incorporating peer recovery peer support service into OTP settings

**Hope:** Individuals enrolled in an OTP may be better able to consider themselves “in recovery” vs. “in treatment” if they are exposed to a peer role model who has been successful. They may be more likely to adhere to treatment and remain in recovery. A key takeaway from the meeting was the suggestion to re-brand “Medication Assisted Treatment” as “Medication Assisted

Recovery”; thus, individuals in an OTP with peer recovery peer services can receive care that promotes overall holistic wellness and provides them with additional life skills support.

**Engagement and empowerment:** Peer recovery peer service providers can often have greater credibility and relatability with individuals in treatment and recovery. This can result in greater engagement in treatment and prevention efforts as individuals are able to relate to shared experiences and feel empowered, e.g., “they succeeded in this, therefore I can succeed.”

**Outcomes:** This can include patient-level measures such as treatment retention, improvement in provision of and participation in social supports, improved family relationships, rates of employment, stable housing, quality of life, etc., as well as program level measures. Participants suggested several outcomes of relevance to making a business case including increased patient activation, satisfaction, and quality of care.

**Stigma reduction:** Peers can raise awareness and understanding of addiction, treatment, and recovery of not only individuals enrolled in an OTP but also for the patient’s family and the community. By working with its community in coordinating resources and building relationships with community organizations, peer recovery peer services can increase the perceived value of the organization within the community and can provide a positive public relations experience.

**Guidance:** Peer recovery peer services can provide guidance on advocacy, role modeling, peer coaching, as well as direction and assistance in practical problem solving to individuals.

**Expansion and coordination of services:** Peer recovery peer service providers can improve the patient to staff ratio by reducing the burden on clinical staff. Peer recovery peer service providers can also offer services outside of clinical settings, improving individual’s access to care. In addition, peer recovery peer services can connect individuals to resources outside of the OTP thus building connections with other entities that provide those resources. This can include services like housing or job training and other areas of support that can be used to demonstrate and measure outcomes of treatment.

**Financial Resources:** Peer recovery peer services support the bottom line. This is likely to occur through improvements in retention and success/recovery rates and improvement in clinical caseload as clinicians are able to spend more time providing clinical care while peers provide support services they are most qualified to provide and in which they are most credible to patients. It is important that organizations have clear and accurate information about Medicaid reimbursement for peer recovery peer service.

Participants learned that there are several ways Medicaid finances these services including 1905(a), 1915(b), 1915(c), 1915i, Section 2703 Health homes, 1115 Authority, and Certified Community Behavioral Health Clinic (CCBHC) Demonstration waivers. They also discussed the guidance **CMS** provided to states interested in offering peer support services in a letter to Medicaid Directors dated August 15, 2007. The letter included information on how to offer the services as part of a comprehensive mental health and substance abuse service delivery option. The letter also included information about other requirements, such as who can provide the services, and supervision and training requirements. The letter is available online at <http://downloads.cms.gov/smsgov/archived-downloads/SMDL/downloads/smd081507a.pdf>. Proceedings of this meeting will be online on the SAMHSA Medication Assisted Treatment Website, <http://www.samhsa.gov/medication-assisted-treatment>.

If there are any questions, please contact Mary Lou Ojeda at [Marylou.ojeda@samhsa.hhs.gov](mailto:Marylou.ojeda@samhsa.hhs.gov).

Sincerely,

Tom Hill  
Acting Director  
Center for Substance Abuse Treatment